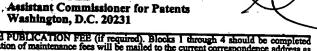
PART B - FEE(S) TRANSMITTAL

Complete and mail this form, together with applicable fee(s), to:

Box ISSUE FEE



MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590

03/11/2002

ZACHARY T. WOBENSMITH, III 6091 CARVERSVILLE/WISMER ROAD **POST OFFICE BOX 370** PIPERSVILLE, PA 18947-0370

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

ZACHARY T. WOBENSMITA	
2000 and P. Challowing	(Signature)
25 WARCH 2002	(Date)

APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR Gary S. Beideman		TTORNEY DOCKET NO.	CONFIRMATION NO
09/689,977	10/13/2000	. '				8299
LE OF INVENTION:	SAFETY ENHANCE	MENT DEVICE COMBIN	IATION FOR ELECTR	ICAL APPARATUS O	R APPLIANCES	5577
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TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
TOTAL CLAIMS 2	APPLN. TYPE	SMALL ENTITY NO	ISSUE FEE \$1280	FUBLICATION FEE	TOTAL FEE(S) DUE \$1280	DATE DUE 06/11/2002
2				\$0		

Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

LASKO HOLDINGS, INC.

WBST CHBSTBR, PA

Please check the appropriate assignee category or categories	(will not be printed on the patent)	() individu	al (Secorporation or	other private group entity	☐ government
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